



012104

14230 U.S. PTO

CASE CGC 2177

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EL803526923US

"Express Mail" label mailing number

11/21/04

Date of Deposit

19270 U.S. PTO

10/762023



012104

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

**Mail Stop Patent Application**

Sir:

Transmitted herewith for filing is the patent application of

Inventors: **Bruce Owen Griffin, Jack Thurman Larkins, Jr. and Margo Roome Atkins**For: **Dye mixtures**

Enclosed are:

- ☒ 54 pages of specification including claims
- ☒ 1 page(s) of abstract
- ☐ \_\_\_ sheet(s) of drawing    ☐ formal    ☐ informal
- ☒ Unexecuted Declaration and Power of Attorney (original)
- ☐ Declaration and Power of Attorney (copy) (For continuations/divisionals)
- ☐ Preliminary Amendment

- 
- ☐ The entire disclosure of the prior application, from which a copy of the declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
  - ☐ Amend the specification by inserting before the first line:  
This application claims the benefit under 35 U.S.C. 119(e) of U.S. Provisional Application No. , Filed .
  - ☐ Priority of application No(s). \_\_\_\_\_ filed on \_\_\_\_\_ respectively; in \_\_\_\_\_ is claimed under 35 U.S.C. 119.  
A certified copy of each priority document is  
☐ of record in application No. \_\_\_\_\_ filed \_\_\_\_\_.

☐ Please cancel claims prior to calculating the fees.

Filing Fee Calculation:

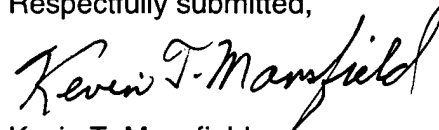
Basic Fee							\$770.00
Multiple Dependent Claims (\$290)							
Foreign Language Surcharge (\$130)							
	For	Number Filed		Number Extra		Rate	
EXTRA Claims	TOTAL CLAIMS	22	-20	2		\$18	= \$36.00
	INDEPENDENT CLAIMS	1	-3	0		\$86	=
						TOTAL FILING FEE	\$806.00

Please charge Deposit Account No. 03-1935 in the amount of **\$806.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

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Respectfully submitted,



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